

Destiny) approach to design, test and produce a local community development workshop 'toolkit' for anyone, not just professionals to use. The project, led by Hospice UK and commissioned by NHS England, resulted in a free online resource, a community of practice network (Source4Network) with a discussion site and a twitter community @ComDevCoP.

The co-design group for the work brought together hospices that had already begun their development journey as community engagers. The work further substantiated that each community has unique challenges and idiosyncrasies, the resulting toolkit reflecting a flexible locality driven approach with the intent to increase the connectivity across sectors, communities, neighbourhoods and social networks.

The co-design group of community engagers launched the tested tool kit in July 2019. It provides local communities an opportunity to harness the support of local interested members to provide improved community support for carers, those at the end of lives, going through a bereavement and/or lonely. The evaluation is ongoing and initial findings will be available by the Hospice UK conference in November 2019.

Acknowledgements to the hospices that supported the process are within the Hospice UK website page and community development toolkit.

O-23 LAST AID – TAKING A EUROPEAN APPROACH TO AID DEVELOPMENT OF COMPASSIONATE COMMUNITIES IN HIGHLAND

Siobhan Neylon, Jeremy Keen. *Highland Hospice, Inverness, UK*

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Background Death and dying continues to be a taboo subject in our society. We tend not to plan for our own death or know how to discuss topics of death and dying with our nearest and dearest (Peacock, 2014). With an ageing demographic in the Highlands of Scotland, along with our geographical challenges for care delivery, developing compassionate communities is crucial if we want to meet the needs of those who will be facing their own death, or the death of a relative (NHS Highland, 2017). 'Last Aid', a public education programme developed in Denmark, aims to inform and build confidence to support the care of those affected by life-shortening illness within their communities, either in the workplace or at home.

Aim To pilot an English language version of the Last Aid course and evaluate how this European course would be received by people living in Highland.

Methods Twelve individuals from the staff and volunteers of the Highland Hospice (four of which were clinical staff members) took part in a trainer's course, delivered by Dr Georg Bollig, a Consultant in Palliative Care in Denmark and the originator of Last Aid. The training format was identical to that used in Denmark and six other European countries actively delivering Last Aid Courses. After completion of training, five differing community groups were identified to pilot Last Aid courses. These included a public body organisation, a Christian community group, the general public (two open access courses were delivered) and a charity sector group. The participants each gave feedback at the end of the individual courses, employing a format identical to that used in other European courses.

This presentation will explore the impact of the piloted sessions and the ongoing work undertaken by the hospice in relation to building more robust compassionate communities.

O-24 CARE IMPROVEMENT AND END OF LIFE: A PARTNERSHIP APPROACH

¹Emily Pardoe-Billings, ²Pat Roberts. ¹St Giles Hospice, Lichfield, UK; ²Pathways4Life, Walsall, UK

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There is a well-documented pressing need to improve care within settings where people with dementia are living. Providing good quality end of life care, especially for people with dementia in care homes, can prove particularly challenging. This includes enabling people to die in their own home rather than in acute hospitals, which is still the experience of many.

The Care Improvement and End of Life service is a collaboration between St Giles Hospice, Pathways4Life and Walsall CCG. It was created in response to the challenge of people with dementia dying in hospital. The aim of the service is to reduce unnecessary hospital admissions for people with dementia who are living in care settings in Walsall.

The core service consists of community-based Dementia Support Workers (DSWs) who work with care homes in order to provide expertise, insight and knowledge to further improve dementia and end of life care. The service also runs a monthly Carers Course to provide support and education for family carers. The DSWs strive to empower care home staff, people with dementia and their families through development sessions, support and guidance, along with a strong partnership working ethic.

The DSWs use a range of evidence-based tools, including the 'Namaste Care' approach, to advance a more holistic approach to dementia and care. This involves helping to create safe and relaxing spaces, and providing a broad spectrum of meaningful person-centred activities, some suitable for using with individuals even at the very end stages of their lives.

The service has improved understanding of dementia for staff in care homes and has improved confidence and well-being for family carers. The service was previously a finalist in the National Dementia Care awards in 2017 and in 2018 won an award for Best Innovation under the Accord Great People Awards.

Poster Presentations

Communication and Conversations

P-1 THE ELEPHANT IN THE ROOM. PROMOTING ADVANCE CARE PLANNING IN NORTH EAST ESSEX

Sally Thompson, Karen Chumbley. *St Helena, Colchester, UK*

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Background In 2008 an end of life care government strategy cited research which showed that people don't want to spend their last year or last days in hospital but this often occurred due to poorly coordinated crisis driven care. In response to this in 2013 the My Care Choices Register (MCCR) was